

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554974

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11		2		2		
12		2		2		
13	1		1		1	
14	1		1		1	
15		2		2		2
16		2		2		2
17		2		2		2
18		2		2		2
19	1		1		1	
20	1		1		1	
21	1		1		1	
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TOTAL IND.	↓		↓	6	↓	
TOTAL DEP.	←		←	30	←	
TOTAL CLAIMS				36		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY